



PTO/SB/81 (01-09)

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OR
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Application Number	10/572,896
Filing Date	3/21/2006
First Named Inventor	SWOBODA, MAREK
Title	PORTABLE KEYBOARD
Art Unit	
Examiner Name	MR. BAHN
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	MAREK SWOBODA				
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City	PHILADELPHIA	State	PA	Zip	19121
Country	USA				
Telephone	215 421 3121	Email	DR. MAREKSWOBODA@GMAIL.COM		

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Marek Swoboda</i>	Date	9/8/2009
Name	MAREK SWOBODA	Telephone	215 421 3121
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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